

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

State File No. 34485

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2267</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u> c. LENGTH OF STAY (in this place) <u>years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Olive St. Rd. & Graeser Rd.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u> d. STREET ADDRESS (If rural, give location) <u>R.#3 Spodee Rd.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alex</u> b. (Middle) <u>Charles</u> c. (Last) <u>Thomassen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1957</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIAGE STATUS <u>Divorced</u>		8. DATE OF BIRTH <u>Nov. 19, 1883</u>		9. AGE (in years last birthday) <u>73</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Creve Coeur, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Louis Thomassen</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Nagel</u>	
14. NAME OF HUSBAND OR WIFE <u>Divorced</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-26-1682</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ina Bernice Christophel</u>	
18. ADDRESS <u>9471 Olive St</u>		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial Infarction</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4206</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>3 years</u> <u>7 yrs.</u>		21. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Aug 19, 1957</u> , to <u>Sept 11, 1957</u> , that I last saw the deceased alive on <u>Aug 27, 1957</u> and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Arthur L. Austin MD</u>		23b. ADDRESS <u>Creve Coeur Mo</u>		23c. DATE SIGNED <u>Sept 12, 1957</u>	
24a. BURIAL OR CREMATION <u>burial</u>		24b. DATE <u>Sept. 14, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Monica</u>		24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Missouri.</u>	
25. DATE REC'D BY LOCAL REG. <u>9-13-57</u>		25. REGISTRAR'S SIGNATURE <u>Heber B. Womack MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumann Bros. Inc.</u>		25. ADDRESS <u>2504 Woodson Rd., Overland 14, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. *3454*

P. O. Address *Portland 125m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.